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STILLNESS AT SCHOOL: WELL-BEING AFTER EIGHT WEEKS OF MEDITATION-BASED PRACTICE IN SECONDARY SCHOOL

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Stress-related psychological difficulties amongst youths are of major concern in Western countries. Causations are complex and not fully understood but school is known to be one major factor. Stress is well known to increase during adolescence and a WHO school-based study of some 120 000 students in 28 countries showed a threefold increase from the age of 11 to 15 years. Teachers in the modern classroom need means to handle contemporary problems in classroom milieus that are high in stress and low in concentration.

The aim of the present project was to study whether scheduled practice of a meditation-based technique for stillness affects pupils' stress and general wellbeing at school. Some 400 pupils aged 12-15 years in Swedish schools were taking part in this pre-test, post-test study. Parallel classes were assigned to either a control- or experiment group. A meditation based technique for inducing stillness was introduced and scheduled for practice in class three times a week during eight weeks in the experiment group. The control group received no intervention. All pupils completed a questionnaire individually in class before the intervention started (pre-test) and 10 weeks after (post-test). During this time the experiment group had practiced the technique for eight weeks. Testing for differences between groups showed no major differences between the control- and the experiment group. These results of ANOVA pre-test, post-test analysis revealed improvement on psychological difficulties measured by the total score of the "Strengths and difficulties questionnaire" (SDQ) as well as on the subscale "Emotional symptoms" (SDQ) in the experiment- but not control group. Furthermore, general stress level measured by "General stress scale" (GSC) was somewhat lower at post condition after stillness practice. Results showed no significant differences in pre-test, post-test scores in the experiment group as regards the scales "Psychological distress" (PD) or "Well-being at school" (WBS). Gender differences showed that girls but not boys in the experiment- but not the control group at post-test reported better well-being at school, less peer problems and less overall psychological difficulties. The results indicate that meditation-based techniques for stillness practices can have a positive effect on adolescent well-

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being when scheduled and practiced by pupils in class whereas the gender differences show that such techniques practiced in class during adolescence have different effects on girls' well-being, compared to boys'.

Results show that the meditation-based technique for stillness used in this study enhances aspects of pupils well-being. This is supported by the fact that at one of the schools where this study was done the stillness practice is now mandatory. Every class practices scheduled stillness several times a week and the pupils frequently asks for extra practices before examinations and other stress related events. Other schools in the city also have started this practice.

1. Background

Stress-related psychological difficulties amongst youths are of major concern in Western countries (Patton et al., 2000; Undheim & Sund, 2005). Causations are complex and not fully understood. School is however known to be one major factor of stress in adolescent daily lives (Barnes et al., 2003; Socialdepartementet, 2006:77; Torsheim & Wold, 2001; Undheim & Sund, 2005). Stress level in school is dependent on how pupils experience four major areas: school conditions, social relationship, means for self-fulfilment, and general health status (Allardt, 1976; Konu & Rimpela, 2002). Peer relations, school problems and perceived problems concerning the family environment are reported as the most important stressors. In a study of stress among 9-11 years old children Brobeck et al. (2007) found school and family to be of main importance and Torsheim et al. (2003) found school-related stress, distress and support to be mutually dependent factors.

Somatic complaints such as headaches, stomach pain, back pain and dizziness as well as psychological complaints such as difficulty sleeping, irritation, nervousness and low mood increase with age during adolescence (Danielson, 2006). A WHO school-based study of some 120 000 students in 28 countries showed a threefold increase from the age of 11 to 15 years in feelings of being very stressed (WHO, 2000). Differences between boys and girls are substantial, stress-related problems are more common among girls' than boys' (Socialdepartementet, 2006:77, p. 289). In Sweden there was an eightfold increase in girls aged 16 to 24 years that were hospitalized for depression and anxiety during 1980-2003 (Socialdepartementet, 2006:77, p. 84). Girls increased vulnerability to anxiety and depression compared to boys is a well established finding (Meadows et al., 2006; Wilson et al., 2005). Interpersonal stress seems to be one factor contributing to this difference (Rudolph, 2002). A means to reduce psychological stress and enhance well-being among children and youth is called for. One of several recommendations made by the Swedish inquiry was to introduce meditation to promote well-being in school (Socialdepartementet, 2006:77, p. 143).

Intense external focus is a hallmark of Western society rendering into an objectification of the individual. If this external focus is unbalanced by an inner focus, internal signals become increasingly unknown. The appearance of things assumes overall importance and the body becomes an object to please the eyes of the beholder rather than a living and feeling part of the whole being. Such objectification has detrimental effects on cognitive functioning as well as on creativity (Gapinsky et al., 2003). It also effects self-image substantially as it tends to increase anxiety and shame at not being good enough in the eyes of others (Fredrickson & Roberts, 1997; Greenleaf, 2005; Slater & Tiggeman, 2002). The intense external focus has roots in the perception that well-being is found on the outside and happiness is solely tied to external forces. To enhance well-being among children and youths, stress-reducing methods that aim to strengthen and develop innate potentials, enhance concentration, establish an inner focus, and heighten the awareness of mind-body as an organic whole are needed. Such health-promoting and stress-reducing methods are available in mindfulness and qigong.

Meditation comprises an array of techniques for contemplation and mental training. The stress reductive effect of different meditation techniques is well established (Rausch et al., 2006; Terjestam et al., 2010). The beneficial effects of meditation on well-being are broad-ranged and include enhanced self-esteem, lessened anxiety, improved relations and improved concentration in school (Chang et al., 2004; Harrison et al., 2004; Levete, 2001 pp. 13-15). Meditation facilitates both cognitive and affective development. The meta-cognitive components of meditation practices and the training in keeping focus are central to learning and experienced self-conception (Chaskalson, 2005; Mann, 2001, pp. 32-43).

Meditation involves concentration and the centring of awareness either by focusing on background and reactions (as in mindfulness) or by concentrating on an object such as the breath or some internal or external part of the body. Such meditation-based techniques seem well suited to be implemented in school settings as they can be practiced in class, costs are low or non existent, school related stressors such as traditional learning and remembering are not involved and after an initial period of learning the technique it is self-administered.

The aim of the present project was to study whether scheduled practice of stillness affects pupils' stress and general wellbeing at school.

2. Methods and materials

Participants

Pupils in 18 classes in 7th to 9th grade from two schools in two middle-sized costal towns in the southern part of Sweden were asked to participate in this study. Each pair of 6 parallel classes was assigned to a control-group and

an experiment-group (stillness-group). Thus, the two groups were matched for age and social strata. A random assignment was not possible since teachers in some classes did not want to be part of the experiment group. These classes were assigned to the control group.

Age range was 12 to 15 years (mean age boys 13.9 and girls 13.8). Nineteen pupils choose not to participate and 11 pupils did not get the parents consents to participate in the study, due to religious considerations. Pupils in the research group who took part in the stillness classes on less than eight occasions (n = 18, 10 girls and 8 boys) during the intervention were excluded from the research group. Those who had not completed the formulas on both pre-condition and post-condition were also excluded (n = 46, 23 boys and 23 girls). After exclusion on the above criteria, 393 pupils remained and 187 of these constituted the research group (99 girls and 88 boys) and 206 (107 girls and 99 boys) the control group.

Design

This controlled study has a pre-test, post-test design. Both groups completed a self-report instrument individually in class in pre-condition. Thereafter the intervention, a meditation-based technique for stillness, was introduced and scheduled three times a week during eight weeks in the stillness-group but not in the control-group. Some 10 weeks after this introduction both groups again completed the self-report instruments individually in class. Those who were absent during pre-test or post-test data-collection got the opportunity to complete the questionnaire after one week.

Parents were informed of the study at a school meeting and were invited to a lecture on pupils' health and meditation-based techniques for health. They also received written information from the headmaster to be returned with a signed consent for the child to participate in the study.

The meditation-based technique for stillness

The technique for stillness used is a guided visualisation followed by a period of silence recorded on a CD for the purpose of being practiced sitting at the desk in a classroom. This is developed by – and included in the peace education "Dream of the good" (http://www.dreamofthegood.org/HomeEng.aspx), (Henning & Vambheim, 2008). This recorded technique for stillness takes 13 minutes to complete. The CD starts with three and a half minutes of guided relaxation. During the next three and a half minutes the pupils are guided into nature. Thereafter follows four and a half minutes of silence. A finishing phase lasts for one and a half minute. Teachers were instructed by a meditation teacher on how to implement the technique. After implementation the teachers were supervised weekly during the first month, then about once a month.

The classrooms were prepared by closing the curtains and lighting a candle. A "do not disturb" sign was hanged on the door in some classes and

pupils were not allowed into the room if they were late. The pupils were instructed to shut their eyes and let focus rest inwards rather than outwards.

Measurements

Psychological strengths and difficulties were studied by means of the Swedish translation of "The Strengths and Difficulties Questionnaire" (*SDQ*) for self-completion by adolescents (Smudge et al., 1999). The SDQ is a brief behavioural screening questionnaire where twenty-five items measuring psychological attributes generate five subscales, 1. "pro-social behaviour", 2. "hyperactivity", 3. "emotional symptoms", 4. "conduct problems" and 5. "peer problems" (Goodman, 1997; Goodman et al., 1998). A "total score" is obtained from four of the five subscales (subscale 1, pro-social behaviour is not included in this score). Alternatives of answer are "not true", "somewhat true" and "certainly true". Scoring ranges from 0 to 2. Advantages of the SDQ are presented by Goodman (1997) as being the scales focus on strengths as well as difficulties; the coverage of inattention, peer relationships and pro-social behaviour and the short format. The scale is often used in studies of children 4-16 years of age.

Self-concept was assessed using the Swedish translation of "Beck Youth Inventory" (BYI), (Tideman, 2004). This inventory consists of different 20 item scales to be used separately. Responses to the items are Likert scale options "never" (0), "sometimes" (1), "often" (2), "always" (3). The self-concept scale (BYI 5) taps the child's cognitions of competence, potency and positive self-worth. Example of a statement on the self-concept inventory is: "I am kind to others". "Beck Youth Inventory" is widely used and the psychometrics is sound. The scales discriminate between norm groups and diagnostic groups. The self scale contributes significantly to prediction of the diagnosis anxiety disorder (Beck, 2001, p 33). Chronbach's alpha of the items were 0.81.

Psychosomatic symptoms of stress was tested with a version of the scale "Psychological Distress" (PD), (Ben-Sira, 1982) elaborated by Sagy and Dotan (2001) for use in populations of children. The scale measures the frequency of familiar psychosomatic symptoms (Torsheim & Wold, 2001). The original scale has been used in various studies and has been validated in psychiatric as well as non clinical studies (Ben-Sira, 1982). This elaborated version comprise five statements ("I have problems sleeping"; "I feel dizzy"; "I have a headache"; "My stomach aches"; "My neck or back aches") and is scored on a scale of 1 to 4, (never, seldom, sometimes, often) low scores denoting low level of psychological distress and high scores indicating high level of distress. The test was translated into Swedish in an earlier study (Terjestam et al., 2010). This test is widely used and has sound psychometric values (Sagy & Dotan, 2001). Chronbach's α for the five items in the present study was 0.78.

To test general stress (GSC) a scale consisting of three statements was formulated for a prior Swedish study on well-being (Terjestam et al., 2010): "I feel stressed at home", "I feel stressed at school", "I feel stressed among friends". Alternatives of answer were "often", "sometimes", "seldom", "never", scores varying from 1 (never) to 4 (often). Chronbach's alpha of the items were 0.71.

Well-being at school was tested with the scale "Well-being at school" (WBS) developed in an earlier study of well-being among youth in Swedish schools (Terjestam et al., 2010). The scale consists of five statements: "I feel well in class"; "I do well at school"; "I have several friends in my class" "I enjoy school"; "I am well liked at school". Alternatives of answer are "often", "sometimes", "seldom", "never", scores varying from 1 (never) to 4 (often). The psychometric properties of this scale seem adequate judging from an earlier study (Terjestam et al., 2010) and from an ongoing validation study. Chronbach's alpha of the items in the present study was 0.74.

The study was approved by the Research Ethics Committee at Linköping University (Dnr. 131-06).

Statistical analysis

Differences between the research and the control group at precondition were tested by one-way ANOVA. Effects of stillness practice were tested with analysis of variance (ANOVA) of repeated measures within-subject design. Bonferroni adjustment to reduce risk of type I errors because of multiple tests, resulted in an alpha level of $p<0.013$ (that is, 0.05/4). Due to incomplete answers in the experiment group (1 boy in the WBS post condition), N differ slightly in statistical test on well-being at school.

3. Results

The aim of the present project was to study whether scheduled practice of stillness affects pupils' stress and general wellbeing at school. Initial test of differences between the control group and the experiment groups shows only one small difference as regards the SDQ subscale "Hyperactivity" (table 1). The control group thus is acceptable.

Strength and Difficulties Questionnaire (SDQ)

Repeated measure of ANOVA showed that the experiment group but not the control group reported significantly less overall difficulties in the SDQ total score ($F_{1.186} = 7.03$, $p< .01$) at post-condition compared to the pre-condition (table 2). Two of the five subscales also showed slight significant difference in pre- and post-test scores. The experiment group but not the controls showed less emotional symptoms (subscale 3) in post condition ($F_{1.186} = 3.95$, $p= .048$) (table 2). Peer problems (subscale 5) were significantly lower

Table 1. F-value (F), Mean (M) and Standard Deviation (SD) for the control group and experiment group on the dependent variables at pre-condition testing for differences using a one-way ANOVA analysis of differences between groups

Scale	*F*	*Control group (N=206) M±SD*	*Experiment group (N=187) M±SD*
Total score SDQ	3.116	9.20±5.07	10.11±5.18
Emotional Symptoms (SDQ1)	0.682	2.55±2.06	2.73±2.12
Conduct Problems (SDQ 2)	2.71	1.47±1.51	1.71±1.44
Hyperactivity (SDQ 3)	4.425*	3.42±2.20	3.88±2.10
Peer Problems (SDQ 4)	0.800	1.76±1.59	1.80±1.49
Prosocial Behavior (SDQ 5)	0.324	7.38±1.85	7.56±1.70
Beck Youth Inventory, Self Image (BYI 5)	0.755	41.55±8.42	40.77±9.42
Well being at School (WBS)	0.246	3.20±.50	3.26±.48
General Stress Scale (GSC)	2.13	3.21±.58	3.29±.48

*p≤0.05

in both groups at post-test (experiment group: $F_{1.186} = 8.26$, $p < .01$, control group: $F_{1.205} = 6{,}25$, $p = .013$) (table 2). Other factors than the intervention thus seem to cause this result. No other significant differences were found regarding the subscales of SDQ.

Self concept (BYI) and Psychological Distress (PD)

No significant differences were found in pre- and post-condition as regards either self concept (BYI) or psychological distress (PD).

General level of stress (GSC)

General level of stress (GSC) showed a slight significant difference ($F_{1.186} = 4.12$, $p = .044$) revealing lower stress at post condition in the experiment group but not the control group (table 2).

Well-being at school (WBS)

Well-being at school (WBS) was significantly higher at post condition in the group practicing stillness ($F_{1.186} = 8.83$, $p = 0.01$) as well as in the control group ($F_{1.204} = 12.34$, $p<0.001$) at post-condition compared to pre-condition (table 2). Other factors than the intervention thus seem to cause this result.

Table 2. Mean (M) and Standard Deviation (SD) on repeated measures tests, within subject design ANOVA for pre-test post-test differences on dependent variables among experiment group and control group

	Experiment group (N=187)		*Control group (N=206)*	
Scale	*Pre-condition M±SD*	*Post-condition M±SD*	*Pre-condition M±SD*	*Post-condition M±SD*
Total score SDQ	10.11±5.18	9.49±5.11**	9.20±5.10	9.01±5.16
Emotional Symptoms (SDQ 1)	2.73±2.12	2.52±2.01*	2.55±2,10	2.54±2.14
Conduct Problems (SDQ 2)	1.71±1.44	1.73±1.49	1.47±1.51	1.59±1.56
Hyperactivity (SDQ 3)	3.88±2.08	3.71±2.11	3.42±2.20	3.38±2.08
Peer Problems (SDQ 4)	1.80±1.49	1.52±1.35**	1.76±1.59	1.50±1.52**
Prosocial Behaviour (SDQ 5)	7.56±1.70	7.46±1.70	7.38±1.49	7.40±1.82
Beck Youth Inventory Self Image (BYI 5)	40.78±9.42	41.57±10.18	41.56±8.45	41.89±9.76
Psychological Distress (PD)	3.28±.45	3.27±.46	3.30±.50	3.28±.50
Well-being at School (WBS)	3.26±.48	3.33±.44**	3.20±.50	3.30±.49***
General Stress Scale (GSC)	3.29±1.48	3.22±1.52*	3.21±.58	3.14±.58

* $p \leq 0.05$
** $p \leq 0.01$
***$p \leq 0.001$

Test for gender differences

An intercept within subject ANOVA was used to test for gender differences. Significant differences were found as regards well-being at school, peer-problems, and overall psychological difficulties. Results showed significant differences between boys and girls in pre-test, post-test scores in the experiment group but not the controls on the following tests: SDQ total score, SDQ subscale peer problems and well being at school (WBS).

Strength and difficulties SDQ. Girls but not boys in the experiment group had less overall psychological difficulties (SDQ total score) ($F_{1.98} = 7.39$, $p = 0.01$) on post- compared to pre-condition. No such differences were found in the control group. Mean and standard deviation (SD) were (pre) M 11.07, SD 5.56, (post) M 10.20, SD 5.35, for girls in the experiment group and for boys (pre) M 9.03, SD 4.51, (post) M 8.68, SD 4.73.

Girls but not boys in the experiment group but not control group reported significantly less peer problems (SDQ4) ($F_{1.98} = 5.34$, $p = 0.023$). Mean and

standard deviation (SD) were (pre) M 1.94, SD 1.56, (post) M 1.64, SD 1.41, for girls and for boys (pre) M 1.64, SD 1.40, (post) M 1.40, SD 1.18.

Self concept (BYI) and Psychological Distress (PD). No differences were found in pre-test, post-test scores between boys and girls in as regards self concept (BYI) and psychological distress (PD).

General Stress (GSC)

Significant differences among boys in the research group concerned lessened general stress (GSC) at post-condition. However, since the boys in the control group also showed lessened stress at post-condition, this result seems to be due to other factors than the intervention.

Well-being at school

Girls but not boys in the experiment group reported better well-being at school (WBS) in post- compared to pre-condition ($F_{1.98} = 7.14$, $p < 0.01$). Mean and standard deviation (SD) were (pre) M 3.17, SD .46, (post) M 3.28, SD .44, for girls in the experiment group and for boys (pre) M 3.35, SD .49, (post) M 3.40, SD .42.

A significant improvement of well-being at school among boys but not girls in the control group were found ($F_{1.97} = 12.32$, $p < 0.001$) at post condition. Mean and standard deviation (SD) for girls were (pre) M 3.18, SD .50, (post) M 3.24, .52 and for boys (pre) M 3.22, SD .49, (post) M 3.35, SD .46.

4. Discussion

In this controlled pre-test, post-test study a meditation-based technique for stillness was scheduled in 7^{th}, 8^{th} and 9^{th} grade and practiced for some 20 minutes three times weekly during eight weeks. Results show that the technique when practiced in class has a positive effect on some of the studied areas of adolescent well-being such as pupils overall psychological difficulties (SDQ total score) and girls well-being at school (WBS). It seems as if the practice had a more favourable effect on girls than on boys since girls but not boys in the experimentgroup had significantly lessened psychological difficulties after stillness practice and also improved well-being at school.

Not much research has been done regarding the effects on meditation-related practices in school environment (Levete, 2001; Terjestam, 2010). However, an earlier study on the effects on qigong practice at schools also showed gender differences (Terjestam et al., 2010). The stillness technique seems to have a somewhat broader but perhaps also different effect on girls' well-being than on boys'. In the present study girls but not boys who practiced stillness scored significantly higher on well-being at school at post-condition (November/December) compared to pre-condition (September/October). The reverse results were found in the control group (that received

no intervention) where boys but not girls scored significantly higher at post-condition. The different effects of practice on boys and girls seem complex and need to be studied further. As regards peer problems both controls and research group had significantly improved scores at post-test that occurred at the end of the semester (November/December). The significantly lessened peer problems among girls who had practiced stillness might affect the improved well-being at school at post-test. This time factor may also affect both well-being at school and peer relations (SDQ). The pre-test was done in early September/October when the semester had just begun and the post-test some ten weeks later meaning November/December. Large gender differences are well-documented in studies of pupils at school showing that emotional problems are elevated among girls compared to boys.

Teachers in the modern classroom need means to handle contemporary problems. Such problems are primarily related to stress and other psychological adverse circumstances contributing to a classroom milieu that is high in stress and low in concentration. Results indicate that this simple meditation-based technique for stillness used in this study offers the pupils a strategy to handle stress and to create a calmer inner milieu. This is supported by the fact that at one of the schools where this study was done the stillness practice is now mandatory. Every class practices scheduled stillness several times a week. Other schools in the city now also have started this practice.

One important factor in implementing stillness techniques in class may be the teachers' engagement and efficiency in motivating the pupils practice. In a few classes practice was not as successful as in other classes during this study. This coincided with the teachers being ambivalent towards taking the time for practice. Furthermore, throughout the study we learned the importance of: Motivating ambitious pupils as well as pupils who thought the practices "not cool"; Teachers favourable attitude towards practice; That there is a threshold (in just about all classes studied) after some two-three weeks of practice and that the teachers steadfastness is of prime importance for the class or individual pupil to pass this threshold; Renewing the pupils *motivation* at this threshold; Letting practice have its own scheduled time not to intrude on any specific subject; Immediately stop negative influence from "leaders" in class as regards the practice.

The stillness method was practiced as few as seven times by some pupils and at most three times a week during eight weeks. This type of practice was new for all pupils and all teachers as regards implementation in the class. No former knowledge on how to implement such practice, how to motivate pupils or how to overcome obstacles is available. Thus this study is somewhat explorative in how to optimize implementation of such techniques in the classroom. In spite of these obstacles the practice seems to have had measurable effects on aspects of well-being at school.

The short period of practicing the present technique for stillness (eight weeks) in this study should be noted. It is quite likely that longer periods

of practice would show broader as well as stronger results. Obstructing circumstances are that the research group include pupils who (1) attended meditation on as few as 8 occasions and (2) pupils who did not care to follow instructions for the practice. The control group is another weakness of this study since they did not receive any intervention. A suggestion for future studies is to include a relaxation technique that is practiced by the controls.

Further studies are needed on the effects of scheduled stillness practices on children at different ages. This study reveals the importance of knowledgeable and systematic implementation of the technique as regards motivation and instructions.

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